Distr.: General
15 July 2011

Original: English

For information

United Nations Children's Fund
Executive Board
Annual session 2011
20-23 June 2011
Item 7 of the provisional agenda*

Report of the field visit of the UNICEF Executive Board to Ghana, 9 to 14 May 2011

I. Introduction

1. The field visit of the UNICEF Executive Board to Ghana from 9 to 14 May included the representatives of the UNICEF Executive Board from Belgium, People's Republic of China, Liberia, Slovenia, United Kingdom of Great Britain and Northern Ireland, and Uruguay.

2. The objective of the field visit was to gain a first-hand understanding of UNICEF work at the country level. More specifically, the visit aimed at demonstrating concrete examples of UNICEF cooperation with the Government and with other partners, including those in the United Nations country team. The visit provided an opportunity for the Executive Board to better understand the challenges facing children and women in Ghana.

3. The delegation would like to express its gratitude to the Government of Ghana for the opportunities for substantive dialogue with senior members of the Government.

4. The delegation would also like to thank the UNICEF country team in Ghana for the well-prepared and well-organized visit, and for staff being readily available throughout the visit.

5. The programme of the visit consisted of three main components:

(a) Meetings in Accra with the UNICEF Ghana country office, senior-level Government counterparts, members of the United Nations country team, as well as key donors and non-governmental organization (NGO) partners;

(b) Field trips to the Northern Region, where the delegation had the opportunity to meet with regional and local authorities and visit social services programmes and communities supported by UNICEF;

* E/ICEF/2011/8.

Please recycle

(c) Field trip to urban households in James Town (Accra), where the delegation was able to see family life through the eyes of children in connection with the International Day of the Family.

6. This report summarizes the information received by the delegation and concludes with the delegation's observations.

Key issues facing children and women in Ghana

7. The Republic of Ghana is a country in sub-Saharan Africa with a population of 23 million people, including 10.7 million children. More than 18 per cent of the population is very poor, and an estimated 3.4 million children live in poverty.

8. Ghana is on track to meet many of the Millennium Development Goals but is facing a number of challenges in achieving progress on Goals 5 and 7. The discovery of rich oil deposits have helped to give Ghana the status of a lower-middle-income country. Income from oil could give Ghana an opportunity to increase its national wealth further and also to invest in accelerating the achievement of results for the vulnerable populations, mainly women and children.

9. The delegation visited the city of Tamale, capital of the Northern Region, and its environs, to obtain an impression of the situation of women and children in urban and rural areas. The northern regions are the poorest regions of the country, with a large proportion of the population living in extreme poverty. The delegation also visited the Greater Accra region, including the capital of the country, Accra. In this and other areas, the delegation witnessed significant pockets of poverty and considerable disparities in access to health care, nutrition, education and child protection.

II. Key areas of the programme of cooperation between the Government of Ghana and UNICEF

A. Health and nutrition

10. Significant coordination takes place among UNICEF, the Government of Ghana, the donors and NGOs, especially in the Northern Region.

11. Under-5 mortality has decreased significantly in Ghana, by more than 40 per cent in recent years. Contributing to this reduction has been investment in the expansion of health care services, with focus on measles, pneumonia, malaria, diarrhoea and malnutrition.

12. The activities of UNICEF have contributed directly to this reduction: the immunization campaign for children under five, the distribution of insecticide-treated bed nets to protect against malaria, the regular administration of vitamin A supplements and oral rehydration salts, and the promotion of exclusive breastfeeding, which have also helped significantly to reduce neonatal mortality.

13. Malaria remains a serious killer in the country. According to data from 2008, only 33 per cent of households own an insecticide-treated bednet; sustained efforts are needed to provide bed nets to all households in the country and to educate the population in their proper use.

14. Despite the reduction in child mortality, severe acute malnutrition remains a serious problem due to the shortage of seasonal food and poor breastfeeding practices, among other factors. Malnutrition affects not only children but also pregnant women. UNICEF is supporting the Government to help mothers to improve breastfeeding practices and is also providing malnourished children from 6 to 36 months of age with ready-to-use therapeutic food called Plumpy'nut®.

15. The maternal mortality ratio remains extremely high (350 deaths per 100,000 live births); it is very unlikely that the country will be able to achieve Millennium Development Goal 5 by 2015. The main cause of maternal mortality is post-partum haemorrhage. Most pregnant women in Ghana attend four antenatal health visits. Nevertheless, the disparities between pregnant women in urban and rural areas and between those who are educated and uneducated are reflected in women's access to health centres and to skilled birth attendants. The situation in the remote areas of the Northern Region is of even greater concern.

16. One main challenge is the lack of trained human resources in health care in the disadvantaged areas. Another is the limited access of the population to health facilities. Due to the shortage of skilled health workers and to difficulties in access to health facilities in various geographic regions, trained community volunteers in the most deprived areas of the country help the population to identify the causes of various illnesses and to provide first aid and treatment for common childhood causes of illness.

17. The Government has developed good policies to address the situation of women and children, including the Health Sector Medium Term Development Plan (2010-2013), but is facing challenges in implementing those policies.

18. Another area of achievement is the near-eradication of dracunculiasis, a disease related to contamination of drinking water with the larvae of nematode worms. Thanks to the major initiatives developed by UNICEF in partnership with the Government and others to filter water and to raise awareness about the disease, Ghana is very close to being declared dracunculiasis-free.

19. In Ghana, 1.9 per cent of the population is living with/affected by HIV. UNICEF is supporting the HIV/AIDS programme on the prevention of mother-to-child transmission (PMTCT) of HIV, increasing the percentage of HIV-positive pregnant women who receive antiretroviral drugs (ARVs). With the support of UNICEF, education to prevent HIV/AIDS has reached all junior high schools in the country through the implementation of the "HIV-alert school" model providing young people with information about prevention and transmission of HIV/AIDS.

20. More interventions are needed to provide children who are HIV positive with antiretroviral drugs and access to health facilities.

21. The delegation visited the Health Centre in Nanton and the Tampion Health Centre — Community Management for Acute Malnutrition. Both health care centres provide antenatal and post-natal care, family planning and a child welfare clinic. The centres are equipped to handle deliveries 24 hours a day.

22. The delegation visited the Nanton Health Centre, a baby-friendly health facility, and observed the immunization campaign for newborns. Children are also weighed and measured by trained health workers, and mothers receive a child health booklet to help them to monitor the weight of their children. Free birth registration

and a census of the children living in the area are also taking place through the centre. UNICEF is supporting the Government in the training of community-based volunteers for the treatment of malaria, diarrhoea, pneumonia and malnutrition and for education to promote exclusive breastfeeding.

23. UNICEF is also supporting the Tampion Health Centre in the treatment of severe and acute malnutrition. The centre provides ready-to-use therapeutic food, Plumpy'nut®, and therapeutic milk diets in medically complicated cases. Significant weight differences could be observed between healthy and ill children from the same families. The main challenge of the centre is to encourage mothers to complete the treatment for their children.

Recommendations

24. There is an important focus on education, especially girls' education. This emphasis will give the country a significant tool with which to continue its progress in ensuring health and nutrition, safe drinking water and sanitation.

25. UNICEF has an important field presence and is also active in the policy dialogue in the health sector in Ghana and is supporting the Government to address the situation of children and mothers and reduce the causes of maternal and child morbidity and mortality. Elimination of MTCT of HIV, treatment of HIV-positive infants and children, and the reduction of maternal mortality and malnutrition among children are high priorities for the country.

26. More focus is needed on the urban area of Accra and its surroundings, where a significant percentage of the population continues to live in extremely difficult conditions.

B. Water and sanitation

27. Ghana has made tremendous progress toward the Millennium Development Goal target of 78 per cent coverage for safe drinking water by 2015. UNICEF supports the Government in efforts to increase access to safe water, hygiene and sanitation and to prevent and manage diseases such as malaria, pneumonia, diarrhoea and dracunculiasis, which are priority targets for the Government.

28. Access to adequate sanitation however lags behind the availability of safe drinking water, especially in the northern regions. While 82 per cent of Ghanaians have access to safe water, people living in rural areas and the urban poor are often deprived of this essential service. The progress in basic sanitation has been extremely slow; access to basic sanitation is just 13 per cent nationwide. Ghana is unlikely to meet the Millennium Development Goal target for basic sanitation by 2015. Ghana has taken some steps towards meeting the pledge it made at the 2010 High-level Plenary Meeting on the Millennium Development Goals of contributing $350 million per year towards Water and Sanitation. However, these measures are not sufficient.

29. The components of the UNICEF-assisted water, sanitation and hygiene (WASH) focus on five areas: (a) support for the eradication of dracunculiasis; (b) creating an enabling environment for sustainable delivery of WASH services; (c) behavioural change with respect to improved hygiene practices; (d) sustainable service delivery in water and sanitation; and (e) WASH in emergencies.

30. Community-Led Total Sanitation has expanded to over 400 communities. An evaluation informed the development of a rural sanitation model for scaling up sanitation improvement. Some 175,000 people in dracunculiasis-endemic areas attained access to improved water sources, with the result that the number of cases of the disease was reduced from 501 in 2008 to 8 in 2010. These impressive results were achieved through a strategic partnership of the Government of Ghana and UNICEF with the European Union, the World Health Organization (WHO) and NGOs.

31. A major victory in Ghana has been the reduction of cases of dracunculiasis by 99.9 per cent in the 10 districts of the Northern Region, the last region in Ghana where the disease has been endemic. With the continued zero-case reporting (as of the end of May 2011), Ghana has broken the transmission of dracunculiasis. If this zero-case reporting continues for the three-year certification period, Ghana will be certified as having eradicated the disease.

32. The way forward in the areas of WASH, as envisioned in the 2011 draft country programme document for Ghana, encompasses several expected results: (a) by 2016, a total of 54 per cent of the population has sustainable and equitable access to and use of basic sanitation services, underpinned by improved hygiene practices and sustainable water services; and (b) by 2016, sector policies, strategies, a knowledge base, systems and human resource capacity at the national level and in five of the most deprived regions are improved for enabling decentralized, scaled-up, sustainable and pro-poor WASH services.

33. The lag in the progress of water and sanitation is an issue fully recognized by the Government of Ghana, as was apparent in discussions on the Millennium Development Goals with officials at key ministries visited. The Government's financial commitment towards the improvement of water and sanitation remains steadfast; however this commitment is currently short on implementation.

34. Realizing that a potential lack of availability of clean water will undermine or diminish the successes achieved thus far in WASH should serve as an impetus to the Government of Ghana to accelerate its efforts to provide safe water for all.

35. The cross-cutting benefits of the provision of safe drinking water and adequate sanitation to most social sectors cannot be underscored enough. The near-eradication of dracunculiasis in the 10 endemic northern districts, a measure coordinated by the Government of Ghana, UNICEF, the Carter Center and other partners, including NGOs, is one of the greatest successes of Ghana in health.

36. In education, WASH has contributed immensely to retention, especially in the case of girls. By making available clean water and adequate toilet/latrine facilities in schools, the country has made the education environment more girl-friendly and conducive to learning. Schoolgirls no longer have to stay away from or leave school during their menstrual cycle.

37. The advancement of hygiene programmes in school has contributed to the reduction in the spread of diseases among school-age children and extends beyond the boundaries of school and into their homes and communities.

38. The proximity to clean water sources in deprived communities has alleviated the strife experienced by women and children in travelling long distances to fetch water. An added benefit is that proximity gives women more time to devote to

activities such as trade and other income-generating projects, thereby improving livelihoods. Students also benefit, since the short distances allow them more study time.

39. One of the implementing partners in the WASH endeavour is the Church of Christ. This faith-based NGO, based in Accra, focuses on the provision of water and sanitation services to those needing them the most through the construction of mechanized water systems. In consultations with NGOs, the delegation learned from Mr. Nathaniel Adams, Project Director of the Church of Christ Rural Water Development Project, of the invaluable assistance provided by UNICEF in the WASH sector. His organization works with 400 volunteers involved in various aspects of WASH, from borehole excavation to reach underground water sources, to promoting and mainstreaming hygiene education in schools, to building the capacity of pump mechanics through training to maintain the water facilities in communities.

40. Rural water supply in Ghana is a challenge, in particular in the disadvantaged northern regions. While the water situation in northern communities improved due to the Integrated Water, Sanitation and Hygiene (IWASH) approach towards eradication of dracunculiasis, the demand for clean water far outweighs the supply.

41. In the village of Tampion, in Savelugu district, a limited mechanized water supply system was constructed. This was done under the auspices of UNICEF and the European Union through the Savelugu/Nanton District Assembly in partnership with New Energy, an NGO.

42. The delegation had the opportunity to visit the water site and to meet with the community water and sanitation development board members and the manager of the facility. A demonstration of the workings of the system was conducted by the manager for the benefit of the delegation.

43. The Tampion Water system involves a ground water source (borehole) initially designed to deliver 60 litres of water per minute through a pipe network with four distribution points, each comprising four taps. While the water situation improved in the community following installation of the system, there were still some groups deprived of access, such as schoolchildren, health workers and health centre patients. An extension of two additional distribution points was made to address the challenge, but a deficit in supply still remains.

44. A practical solution to alleviating this problem, as explained by the UNICEF WASH and water supply field staff, would be to construct more boreholes; however, several attempts to do so by the implementers proved futile due to the hydrogeology of the area. Alternative water sources for the community are harvested rain water during the rainy season and dam water usage for household chores such as laundry. Through the IWASH programme, households also receive filtration devices to help them obtain safe water.

45. UNICEF is facilitating negotiations with the Ghana Water Company, Ltd., to connect villages to the main water line. This will expand the water supply in the villages and assist greatly with water needs. IWASH, a five-year programme funded by both UNICEF and the European Union, has been extended until June 2012, an action applauded by the stakeholders.

46. To sustain the continued delivery of clean safe water, a water and sanitation committee (for communities' point sources) and Water and Sanitation Development

Board (for larger rural communities with piped water schemes) was set up to manage the water facility. Community members pay a small token for the water and the funds are to be used for maintenance and repairs. Training of pump mechanics is also a sustainability measure.

47. To help control dracunculiasis, dam guards are stationed at dams, making sure that water is filtered when fetched. The dam guards are paid for by the community assembly supported by the Carter Center.

48. Water supply challenges in Ghana are more of a rural issue for the Government. Sanitation challenges, on the other hand, reach the urban as well as the rural marginalized populations. In the poor areas of Accra, deprivation is witnessed in the lack of toilet facilities within households and the limited public toilet facilities for the expanding population.

49. The biggest sanitation challenge for rural northern communities is open defecation. This concern was echoed by the Regional Minister of the Northern Region when the delegation made a courtesy call to his office in the city of Tamale. A District Chief Executive Officer also voiced the same concern. UNICEF was acknowledged for its supportive role in ending this practice.

50. The Community-Led Total Sanitation (CLTS) Process supported by UNICEF is geared towards effecting and sustaining behaviour change through sanitation and hygiene promotion activities to end open defecation. This too is a feat in communities that have known no other means of human waste disposal.

51. Gbandu and Gariziegu are two of four northern communities in the Tolon Kabungu district that were verified to be free of open defecation. The communities are part of two of four pilots for UNICEF-supported CLTS in the district. The support consists of training district facilitation teams, training community-based hygiene volunteers and providing logistics for community entry and follow-up visits of the District Facilitation Teams, as well as monitoring by the District Project Delivery Team and the Regional Verification Team. The volunteers in these villages consist of nine men and five women. The delegation received demonstrations from some of the community-based volunteers on the process of tracking open-defecation-free progress in the communities while on visits to the villages. Mothers described the child-friendly and safe alternatives for young children of having them defecate in holes that are later filled with ash for safe disposal.

52. Latrines in these communities were initially constructed by the District Assembly funded by the Carter Center. Later initiatives by the communities themselves resulted in the building of communal latrines and subsequently household latrines to allow each household to have its own facilities. The delegation heard testimonials from some of the women in the communities on the value of the CLTS to their villages. They were appreciative of UNICEF. It can be noted that it is the comprehensive CLTS process that led to the successes in these villages and not just the construction of the latrines.

53. The communities have been able to sustain their commitments to stopping open defecation. They have taken initiatives to maintain their latrines, including through refurbishing them after damage by weather conditions. Owners have also replaced latrines that stopped working.

54. The inroads made in the area of water and sanitation in the northern communities can only be sustained through the initiatives and commitment of the stakeholders. Communities have taken ownership of the gains realized and strengthened their positions as partners with organizations such as UNICEF, who support them in steering their own destiny.

C. Education

55. The delegation observed with appreciation the coordinated work among the partners, the Government, local authorities and NGOs. Ghana is on track to meet the second Millennium Development Goal — achieving universal primary education. Compulsory and free basic education since 2005 has contributed to an increase in the national net enrolment rate, from 69 per cent in 2005/2006 to 84 per cent in 2009/2010, which means that the net primary enrolment is among the highest on the continent. However, approximately 650,000 children of primary school age are out of school.

56. Increasing emphasis has been placed on the need for early enrolment in the educational system, especially in kindergartens: the net enrolment rate for children 4 to 5 years old rose from 39 per cent in 2004/2005 to 64 per cent in 2009-2010. Although the enrolment rate is high, the survival rate to the last primary school level reached 82 per cent in 2009 (compared to 66 per cent in 2003). Gender parity in primary education has almost been achieved (0.96); however, regional disparities persist in enrolment, attendance and transition. Parity in the primarily Muslim Northern Region is 0.84. In the Upper East it is 1.02, and in the Upper West it is 1.05. In Ghana, there is a significant focus on girls' education.

57. Inequity in school enrolment between rich and poor is decreasing; however, a large gap between these two groups remains. For example, for girls, the national average years of education is seven; for poor girls from the north it is two (2008). In 2003 the national average years of education for girls was 6.5, and 1 year for a poor girls from the north.

58. The UNICEF-supported education programme strives to ensure high enrolment rates, the quality of education and the accountability of educators; these three factors are interlinked. The support of UNICEF for an intensive enrolment campaign and capacity development was instrumental in increasing gender parity. UNICEF provided technical leadership for development of the new Education Strategic Plan 2010-2020 as well as in the implementation of the "HIV-alert school" model. Community-based strategies such as child-friendly schools improve the quality of basic education as well enrolment rates for children of preschool and primary age.

59. The delegation observed a high degree of cooperation between the Government of Ghana and development partners on the ground. Partners are aware of the necessity of continuing their work to address the remaining gaps in education. The causes of dropout were brought to the attention of the delegation. These included the low quality of education, poorly trained teachers, a dearth of sanitation facilities for girls, violence in schools, early pregnancy, child labour and child trafficking. Strong emphasis is being placed and will remain on the enrolment in schools at the right age in order to reduce dropout; once again, the most vulnerable are girls in poorer regions.

60. Improving quality in schools needs a holistic approach addressing teaching and learning, security, health and hygiene simultaneously. A question connected with the poor quality of teaching staff is why pupils learn only 38 per cent of the time they spend at school. Representatives of several NGOs interviewed by the delegation emphasized the need for parents to value education and the right of their children to go to school. There is a need for new forms of education, as well as for more complementary forms of education, such as vocational training. The delegation was impressed by programmes such as that being carried out in the Junior Girls Correctional Centre in Accra (for girls 12-17 years old). The delegation visited child-friendly schools in Nanton district and saw that enrolment in kindergarten is increasing and awareness about sanitation and hygiene is being raised. Nearby, students of a Junior Secondary School were raising awareness of HIV/AIDS through a school play.

61. The efforts of UNICEF in reducing disparities by focusing its work on northern regions of Ghana and on key interventions in quality education (deployment of educated and experienced teachers, more kindergartens) are very successful and well accepted in the local communities. The delegation underlined the importance of all children, especially girls and children from remote areas, having access to quality education, and stressed that education is a key investment for this new middle-income country.

D. Child protection

62. Ghana was the first country to ratify the Convention on the Rights of the Child in 1990 and signed the African Charter on the Rights and Welfare of the Child in 1999. In 1998, the nation's Child Act was passed into law. The overarching legislative system to ensure the respect and welfare of children in Ghana is comparatively comprehensive.

63. However, some child protection issues cannot be neglected. Due to social and economic disparities, traditional sociocultural attitudes, and a service-provision gap, a number of children experience the effects of a lack of birth registration, exploitative child labour, child marriage, child trafficking and other forms of violence against children. Misuse of fostering arrangements is also common in the northern parts of the country.

64. UNICEF works closely with the Government of Ghana, the donors and NGOs to develop protective policies and legislation, to build the capacities of the national institutions and system, and to mobilize resources to protect the most vulnerable children. Positive strides have been achieved. Policies and interventions have been reinforced to strengthen the child protection system and protective environment. With UNICEF support, the National Social Protection Strategy was finalized. The National Plan of Action on orphans and other vulnerable children is being implemented. The Anti-Human Trafficking Units of the Ghana Police Service and the Human Trafficking Management Board and related institutions were created, and their capacity strengthened. Under UNICEF cooperation with the United Nations Population Fund and Plan International, access to birth registration was increased through community-based approaches, raising the rate of birth registration from 54 per cent in 2006 to 71 per cent in 2010, although it is still far from the 90 per cent goal.

65. The delegation visited the Osu Shelter for Abused Children and the Remand Home. The shelter has been run by the Department of Social Welfare since 2003. Currently, UNICEF supports a major part of the running costs of the shelter, which includes food, health care and hygiene, and also pays for the tracing and reunification costs. Other partners, including corporate bodies, are also contributing to running costs to enhance sustainability. The Remand Home is an outfit that takes into custody boys 12 to 17 years old who are detained under the Juvenile Justice Act, providing them with access to legal aid supported by UNICEF as well as care and protection. Despite successes, the programme is challenged by a lack of resources.

66. The delegation also visited the Tolon Kumbungu district Child Protection Team (CPT) and Nangbagu Community. The delegation learned about the CPT mechanism, and the responsibilities of the CPT members and challenges they face. The CPT members are nominated men, women and teenagers who help to address child protection issues relevant to their communities, such as the prevention of child migration, teenage pregnancy, school dropout, trafficking and other difficulties encountered by children. The CPT members also promote birth registration. Their work is inspiring.

Recommendations

67. Child protection needs joint efforts. On the one hand, a comprehensive legislative system is important. On the other hand, considering the complex socio-economic and cultural context, special efforts need to be made on implementation. Scarce funds and resources hinder service provision and achievement of programme results. A concentrated mobilization of resources is required for further progress.

E. Advocacy, communication, monitoring and analysis

68. Among its priorities, UNICEF aims:

(a) To help the Government to design and implement social and economic policies, laws and budgets that enable the Government to further promote realization of the rights of women;

(b) To support government ministries to use data and analysis to choose the most cost-effective methods of delivering services;

(c) To encourage the Government to address disparities to ensure that children and women, especially the poorest and most disadvantaged, benefit from economic growth. UNICEF will advocate for this based on sound evidence and strong monitoring and evaluation systems, and will support government ministries to gather the data necessary to determine whether their programmes are helping the poorest children;

(d) To continue strengthening knowledge management, information gathering, research and analysis.

69. The importance of programme-based budgeting is paramount to the ability of Ghana to progress from being a developing country to a (lower) middle-income country. The current process for allocating budgets needs to be more systematic and

transparent. In the allocation of budgets to Ministries, Departments, etc., clear justification must be provided as to why funds are being requested and where they will be spent. On a number of occasions, the delegation was made aware that once the budget filters down to payment of salaries there was often a lack of funds available for delivering services. The lack of funding of services also has an impact on sustainability. In developing programmes or services, the availability of future funding must be considered. Programme-based budgeting would also help to promote the equity approach and address disparities, including between the north and south of the country, by helping to clearly define communities most in need. Around 63 per cent of the people in northern Ghana live below the national poverty line and the Government of Ghana needs to address the reduction of poverty. Programme-based budgeting will also enable results (impact) to be more clearly defined and reported on. Decentralization is another important initiative of the Government, which is transferring many responsibilities to district level.

70. Addressing the issue of limited government funds to enable delivery of services is critical. The Government is increasingly relying on external funds to support service delivery. Developing and planning programmes and projects is relatively easy; the challenge lies in implementation and sustainability.

71. On child protection, Ghana appears to have the necessary legal processes and laws in place. However, the ability of the Government to follow through on these processes and ensure all that children are protected is limited by availability of resources.

72. Ghana has just started producing oil and also produces natural gas. The first dividends have been realized, although they will be used to reduce the country's debt. It is important that the receipt of revenues is transparent and that proceeds filter down to address the needs of poorest women and children. Thought should also be given to the consideration of reducing the country's debt at a slower pace and using the money to fund existing or new services. Care also must be taken to manage the expectations of the people regarding the benefits of oil and gas revenues.

73. One of the major success stories the delegation heard during the visit was the eradication of dracunculiasis. This was achieved thanks to the ability of the government, international organizations, local NGOs and community-based organizations, and communities to work together, creating an environment whereby ownership of the programme is shared. In order for programmes to succeed they need to be community-based and take holistic approaches. This also reinforced the important issue of data collection and monitoring. It is essential to have correct data in order to identify issues, analyse and address challenges and monitor progress. Data collection is also important in formulating policy decisions and programme interventions. For these and other compelling reasons, all children must be registered at birth. This will enable the Government to better monitor health developments.

74. Ghana has recently been declared a (lower) middle-income country. This may have an impact on future donor funding. Ghana relies heavily on donor funds, but their reliability can be uncertain. The fact that Ghana is becoming a middle-income country does not change the needs of the country's people, including the various disadvantaged populations. Initial impressions from discussions with the donor community were that donors will remain in the country in the short term (three to

five years). The Ministry of Finance will soon present a medium-term aid policy to the Government for consideration. This will outline donor funding within the next 5 to 10 years. As a result of the exercise of 'rebasing' the gross domestic product, it was learned that the ability of Ghana to collect taxes is one of the poorest in Africa; this requires attention.

F. The United Nations system and "Delivering as One" in Ghana

75. The United Nations in Ghana has adopted the Adinkra symbol "NKONSONKONSON" ("In Unity lies strength"). By planning and working together, United Nations agencies believe that they can achieve more and better results. The United Nations Country Team (UNCT) completed the country analysis in September 2010. UNICEF is an active member of the UNCT and has co-chaired the Core group of the United Nations Development Assistance Framework (UNDAF).

76. The new UNDAF 2012-2016 was signed in March 2011 and focuses on 12 outcome areas that are closely aligned with Government priorities as summarized in the Ghana Shared Growth and Development Plan 2010-2013. The Government of Ghana has requested the UNCT to implement practices and principles of Delivering as One.

77. UNCT has opted to create an UNDAF Action Plan (or "One Plan") for 2012-2016 (to be finalized in October 2011). The Millennium Development Goals are at the core of the United Nations development programmes in Ghana. The UNDAF Action Plan aims to bring greater programmatic coherence and identifies opportunities for joint programmes and collaborative programming, which will enable the United Nations to respond to key national priorities.

78. The delegation had the opportunity to meet with the UNCT, more specifically the Resident Coordinator ad interim, the staff of UNICEF, the United Nations Development Programme (UNDP), WHO, the World Food Programme (WFP), the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Refugees (UNHCR), and a staff member from the Resident Coordinator's Office. As a result of this meeting, the delegation obtained a greater understanding of general progress that has been made in Ghana on Millennium Development Goals, Delivering as One and joint programming.

79. The Resident Coordinator ad interim also informed the delegation that Ghana had decided to become a Delivering as One self-starter.

80. A brief report on the progress made by Ghana in reaching the targets of the Millennium Development Goals as well as bottlenecks was presented to the delegation (Goal 1: on track, however disparities remain; Goal 2: on target; Goal 3: on target; Goals 4, 5 and 7: unlikely to be achieved; and Goals 6 and 8: might possibly be achieved).

81. The UNDP country director made observations on the regional pattern to the challenges Ghana faces, especially the fact that the North lags behind other regions. For this reason joint programmes of the United Nations focus on the North. The delegation also learned that low-intensity conflicts abound in the North, and that

peacebuilding issues need to be addressed in order for the MDG fund activities to be effective.

82. The UNCT highlighted the areas in which the various agencies were collaborating with UNICEF: UNAIDS reported on the leadership role played by UNICEF in the area of prevention of mother-to-child transmission of HIV. WFP reported on a joint programme implemented with UNICEF tackling malnutrition in the North. IOM underlined the work with UNICEF on capacity-building to raise awareness and improve response to the issues of child trafficking (children used in the fishing industry).

83. Answering the question about how the achievements made by the country would be sustained, UNDP responded that there was systematic data collection on progress and that annual progress reports are produced. This helps the country focus on and measure what remains to be addressed while sustaining the achievements.

84. Concerning the humanitarian response, UNHCR explained its response to the emergency in Côte d'Ivoire (1,500 asylum seekers from Côte d'Ivoire have been registered; only one third of the people coming from Côte d'Ivoire are in refugee settlements). UNHCR provides support in the areas of Water and Sanitation, Education and Child Protection in collaboration with UNICEF. UNHCR noted that the United Nations was successful in delivering its response "as one".

85. The United Nations Joint Programme On Human Security is a coordinated effort of six United Nations agencies, including UNICEF, aiming to ensure conflict-free communities in the North. Ethnic clashes and conflicts in the Northern regions threaten not only social programmes but also democratic processes.

III. Observations

86. First of all, the delegation wants to highlight the considerable efforts made by UNICEF Ghana to organize, in a very short time, a very interesting and intensive field visit focusing on the main aspects of UNICEF work in Ghana. The delegation especially thanks the UNICEF staff in Accra and Tamale.

87. Ghana is a new middle-income country, but the delegation noted that the country is still facing the problems of low-income countries. The next five-year period will be crucial for the country. Most of the partners in the field have stressed the importance of keeping up support to the country for the sustainability of results and to help the country to achieve the Millennium Development Goals by 2015.

88. Ghana is on track to achieve a number of Millennium Development Goals by 2015 but attaining Goal 4 (reduce under-5 mortality), Goal 5 (reduce maternal mortality) and Goal 7 (targeting access to safe drinking water and access to improved sanitation) remains a challenge. The maternal mortality ratio remains unacceptably high; it is unlikely that the country will reach Goal 5 by 2015.

89. These challenges will need a collaborative approach (UNICEF cannot go it alone) and the new One UN plan is an important tool to address pressing issues as well as partnership.

90. Focus on equity: the field visit gave the delegation the opportunity to see how appropriate it is to focus on equity and disparities. On average, Ghana has made good progress on a number of development issues but deep disparities persist

between the South and the North and between the population groups of the large cities. The delegation has noted that UNICEF staff members are aware of and responsive to that issue and are working to advocate with authorities and partners about the importance of addressing it.

91. The work of UNICEF in Ghana is linked to the Ghana Shared Growth and Development Agenda 2010-2013, which is important for alignment with Government priorities and ownership by the Government. After participating in the field visit, the delegation has noted with satisfaction that all the programmes and activities are completely in alignment with the priorities of the UNICEF medium-term strategic plan.

92. In line with the previous observations, the delegation believes that the new country programme document 2012-2016, based on the new UNDAF, is targeting the most important challenges for the children and women of Ghana, especially as the document focuses on disparities.

93. The delegation noted with appreciation the cooperation that UNICEF has developed with governmental institutions at all levels, from central government to regional and district authorities. UNICEF and governmental partners are working to achieve results for the children through advocacy, and the development and implementation of key policies. The role of UNICEF is appreciated.

94. The delegation also noted with interest the good relationship with the Ministry of Finance. The advocacy undertaken by UNICEF for adequate budget allocation to the sectors related to achievement of the Millennium Development Goals and the well-being of children and women is well understood. The Ministry of Finance is aware that the introduction of programme-based budgeting is an opportunity to ensure that resources are channelled to sectors and geographic areas that need them most.

95. As was noted above, Ghana has developed good strategies and policies but their implementation is a challenge. Strengthening capacities is an important issue that is foreseen in the new One UN Plan and in the new country programme document for Ghana.

96. The comparative advantage of UNICEF was observed by the delegation at several levels and in the field: the engagement of UNICEF with the Government, United Nations agencies, key international development partners, NGOs, civil society and local communities demonstrates the added value UNICEF can contribute by acting as a catalyst and convener.

97. The delegation appreciated the clear focus of UNICEF on the most vulnerable population groups and the most disadvantaged geographic areas. The community-based approach, the integrated activities and the community involvement through the work of the volunteers at the community level impressed the delegation and are most likely forging a strong basis for the sustainability of results. However, the delegation noted the problem of lack of human resources in the North and the importance of further strengthening of capacities.

98. The motivation of the UNICEF staff in Ghana is high; this passion is transmitted to the national authorities and national staff. There is little doubt that this dedication contributes to the efficacy and quality of results for the children.

99. From the experience gained from this interesting field visit, the delegation is able to propose some complementary considerations:

(a) It is important to take into account and to support the will of the country to be a new self-starter country for Delivering as One;

(b) Multi-annual funding of the country programme is necessary to allow medium-term planning. As with previous programmes, the programme for 2012-2016 will be funded by both regular (core) resources and other (non-core) resources. The UNICEF staff in Tamale stressed the importance of having predictable core funding so that they can adequately implement the programmes;

(c) A five-day field visit necessitated a very intensive schedule; one more day in the field would have been appreciated. This could have been used for the sharing of complementary information and for a debriefing and wrap-up.

Annex 1

List of participants in the field visit of the UNICEF Executive Board to Ghana, 9-14 May 2011

Ms. Marie-Paule Duquesnoy
Senior Programme Officer, Multilateral Cooperation, Federal Public Service for Foreign Affairs and Development Cooperation, Belgium

Mr. Shangzhe Song
Third Secretary, Permanent Mission of the People's Republic of China to the United Nations

Ms. Gail Farngalo
Counsellor, Permanent Mission of Liberia to the United Nations

Mrs. Barbara Kremžar
Minister Counsellor, Division for International Development Cooperation and Humanitarian Assistance, Ministry of Foreign Affairs of the Republic of Slovenia

Mr. Alan Pettigrew
Deputy Programme Manager, Department for International Development, United Kingdom of Great Britain and Northern Ireland

Ms. Gabriela Ortigosa
First Secretary, Permanent Mission of Uruguay to the United Nations

Mr. Nicolas Pron
Secretary of the Executive Board of UNICEF

Ms. Christine Muhigana
Assistant Secretary of the Executive Board of UNICEF

Annex 2

Summary of the programme of the field visit to Ghana

Monday, 9 May (Accra)

1. Programme briefing with UNICEF staff
2. Meeting with the Minister of Foreign Affairs and Regional Integration
3. Meeting with the UNCT and a security briefing

Tuesday, 10 May (Accra)

1. Meeting with Minister of Finance and Economic Planning
2. Meeting with representatives of Executive Board Member States, key development partners and UNICEF staff on development issues
3. Meeting with NGOs on strategic partnerships
4. Meeting with the Minister of Health
5. Visit to Shelter for Abused Children and the Remand Home

Wednesday, 11 May (Tamale/Northern Region)

1. Meeting with Zone Office staff
2. Meeting with Regional Minister on achieving the Millennium Development Goals in the northern regions
3. Visit with District officials to Gbandu Community for Community-Led Total Sanitation (CLTS)
4. Visit to Gariziegu Community for CLTS
5. Interaction with Child Protection Teams in Nangbagu

Thursday, 12 May (Northern Region)

1. Visit to Nanton to see programmes in Child Health Promotion/National Immunization Days as part of integrated child health services; interaction with Community-Based Volunteers in health care
2. Visit to a child-friendly school in Nanton
3. Meeting with District officials
4. Visit to Tampion to the see the Health Centre and the treatment of malnourished children
5. Visit to the Tampion community-managed water project

Friday, 13 April (Accra)

1. Meeting with Curious Minds youth organization to witness youth media reporters
2. Meeting with the Minister of Women and Children's Affairs
3. Meeting with the Vice-President of Ghana